

Certification Form for EEO Training

Please return completed form to Region 6, DCR, fax number 303-236-3816.

Date: \_\_\_\_\_

To: Chief, Diversity & Civil Rights, Region 6

From: \_\_\_\_\_  
(Name of Supervisor/Manager)

\_\_\_\_\_  
(Duty Station)

Subject: Certification of Completion of EEO Training - Fiscal Year 2004

This document certifies that I completed my Fiscal Year 2004 Equal Employment Opportunity (EEO) training.

The 4-hour EEO training requirement was achieved by the following means:

Date	Vendor	Subject	No. of Hours	Cost